MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/589,736	8-17-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		1		1				53						
4		2		1				54						
5				1				55						
6		1		1				56						
7		1		1				57						
8		1		1				58						
9		1		1				59						
10		1		1				60						
11		1		1				61						
12		1		1				62						
13		1		1				63						
14		1		1				64						
15		1		1				65						
16		1		1				66						
17		1		1				67						
18		1		1				68						
19		1		1				69						
20		1		1				70						
21		1		1				71						
22		1		1				72						
23								73						
24								74						
25								75						
26								76						
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31								81						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		1					TOTAL IND.						
TOTAL DEP.	22		21					TOTAL DEP.						
TOTAL CLAIMS	23		22					TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)

Barbara Campbell, PCT National Stage

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